

NH MEDICAL CONTROL BOARD

**NH Fire Academy
Concord, NH**

MINUTES OF MEETING

January 18, 2007

Members Present: Donavon Albertson, MD; Chris Fore, MD; Frank Hubbell, DO; Patrick Lanzetta, MD; Douglas McVicar, MD; William Siegart, DO; Norman Yanofsky, MD; Sue Prentiss, Bureau Chief

Members Absent: Tom D'Aprix, MD; Jeff Johnson, MD; Jim Martin, MD; Joseph Mastromarino, MD; John Sutton, MD

Guests: Steve Erickson, Jeanne Erickson, Doug Martin, Michael Pepin, Steven Achilles, Jonathan Dubey, David Dubey, Gary Zirpolo, Janet Houston

Bureau Staff: Vicki Blanchard, ALS Coordinator, Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Eric Perry, Education Coordinator; Fred von Recklinghausen, Research Coordinator

I. CALL TO ORDER

Item 1. McVicar called the meeting of the NH Medical Control Board (MCB) to order on January 18, 2007 at the New Hampshire Fire Academy, Concord, NH. 09:00 AM.

Introductions were conducted.

II. ACCEPTANCE OF MINUTES

Item 1. **November 16, 2006 Minutes** were approved unanimously.

Item 2. EMS Community. At this time Prentiss reported that David Dow, now retired from NH EMS, was home recovering from a stroke he suffered shortly after his retirement in early November. David was contacted and advised that the protocols were dedicated to him for his 26 years of service to the NH Bureau of EMS. This meant a lot to David.

Prentiss announced at this time that Fred von Recklinghausen would be leaving the NH Bureau of EMS to take the position of Trauma Manager at Dartmouth Hitchcock Medical Center. Fred's last day will be March 1, 2007. Fred has done a wonderful job will at the Bureau and he will be missed.

III. DISCUSSION AND ACTION PROJECTS

Item 1.Cyanide Poisoning: Yanofsky reported that fire fighters brought the cyanide poisoning concerns to his attention. Specifically the association of smoke inhalation, CO poisoning and cyanide poisoning. Europe has been using the medication hydroxycobalamin for years to treat cyanide poisoning.

On December 15, 2006 the FDA approved the use of hydroxycobalamin for cyanide poisoning. It will be available in a kit marketed under the name of Cyanokit, manufactured by Dae's Pharmaceutical after March 2007.

Yanofsky suggested that the Medical Control Board consider changing our cyanide protocol to include the new Cyanokit.

McVicar added the following information: Hydroxocobalamin will chemically react with cyanide to become cyanocobalamin (vitamin B12), a harmless compound that is excreted in the urine. This is much safer then the current Cyanide Kit or "Lily Kit", which requires more steps to administer.

The Cyanokit will contain two vials with 2.5 gm of the hydroxycobalamin, to each be mixed with 100 cc of normal saline and infused over 7.5 minutes for a total infusion time of 15 minutes.

The cost was discussed. Yanofsky stated it was not a new drug, and at this time it was estimated that 2.5gm of hydroxocobalamin cost somewhere in the vicinity of \$850, however the manufacturer has not yet announced pricing for the Cyanokit.

McVicar handed out the CD "Cyanide Emergencies, Common and Uncommon Sources, Early Recognition and Treatment" ACEP 2004; Course Director: Stephen W. Borron, MD, MS and asked members to listen to the CD and come back in March with recommendations to update the protocols.

Albertson moved to not wait until March but to "expedite the cyanide protocol to include the Cyanokit (hydroxycobalamin) per manufacture's insert." McVicar 2nd.

Continued discussion included the manufacturing of the product, concerns with shelf life and cost. Is there grant money available? Prentiss to check with the Director.

Dae Pharmaceutical also manufactures the "Epi-Pen" and has a program to replace Epi-Pen near outdates. It was wondered if it would do the same for the Cyanokit.

Vote: Unanimously passed to approve a protocol based on the manufacturer's insert. To be written by McVicar and Hubbell.

Item 2. Formatting and Publishing the Protocols: Frank Hubbell, DO generously donated the staff from his publishing company, TMC Books, Inc.

Hubbell introduced Peter Lewis, the professional designer who did most of the 400+ hours of work on the document. Peter is also a profession climber and guide, photographer and award winning author.

Hubbell then did a comparison of the old protocols versus the newly formatted protocols:

- The color coding is introduced on the cover with Basic in green, Intermediates in yellow and Paramedics in red.
- The dedication for David Dow was next viewed.
- The Allergic Reaction Protocol was used as a sample to see the dramatic change, using color, boxes, spacing, bullets, indentations and additional emphases.
- The ACS protocol showed a fibrinolytic gray box, which contains additional information for all levels.
- The document is in PDF form with live hyperlinks and a drop-down table on contents, by clicking on the “bookmark” tab, making the document very user friendly. In addition Ctrl+F will bring up the “find” function.
- Shared boxes were shown, such as the LMA protocol for Intermediates and Paramedics.
- Jumps were explained. This is when a protocol does not fit on a single page and must continue. A “jump” is a notation at the bottom of the first page stating the protocol continues onto the next; at the top of the next page is another notation stating this page is a continuation. These jumps were added to make is very clear that are or are not seeing everything.

Albertson asked if a PDA version would be available. Not at this time.

Von Recklinghausen asked if a flip-book would be available and Hubbell stated it was something they would be looking into.

McVicar stated that the next step was a proofreading process to take place over the next few days, then post the document onto the NH EMS webpage and begin Protocol Rollouts.

Yanofsky asked if simple changes be done by the Bureau of EMS and content changes be triaged through McVicar and then changed by the Bureau of EMS.

The board approved the document unanimously and gave a round of applause to Hubbell and Lewis.

RSI Prerequisites – State of the Art of RSI in NH: von Recklinghausen and Blanchard presented the Medical Control Board with a summary of the RSI's that occurred in NH from July 2005 – December 2006.

- Four Units were followed: DHART, Concord Fire Department, Frisbee Hospital Paramedics and Derry Fire Department.
- Data Sources were TEMSIS for Concord, Frisbee and Derry and paper charts for DHART.
- Unit A had 6 cases, Unit B has 18 cases, Unit C has 6 cases and Unit D had 104 cases.

- Airways Secure was defined as secured by any advanced airway. (ETT, Combitube, LMA, King LT-D, Cricothyrotomy)
- Success Rate: Unit A 100%, Unit B 83%, Unit C 100%, Unit D 100%
- Rescue Airway Used: Units A and C did not use rescue airways, Unit B used Rescue Airways x 2 (Combitube), Unit D used Rescue Airways x 2 (Combitube, Cricothyrotomy)
- Documentation: Varied Greatly, Some providers are dependent on TEMSIS default templates, some only a sentence long, others several paragraphs.
- Documentation: Missing: reason for RSI, Airway grading, Airway failure
- Observations:
 - Unit documentation varies by individuals
 - Protocol deviation - 8 cases no etomidate, 1 case no sedation
 - Gum Bougie appears to decrease airway failure in difficult patients

D Martin suggested adding airway grading to TEMSIS.
RSI waivers have been re-issued for a six months period.

D'Aprix is to assemble the medical directors of the four Units granted the waivers and finalize the prerequisites. The physicians are to work through the draft prerequisite, look at staff configuration, number of tubes or experience, quantitative capnography, best practices, the NAEMSP consensus paper and set a standard. While not to be exclusionary of the previous RSI committee it was felt we needed to whittle down the needs and differences of those Units currently performing RSI and set a standard for others.

BREAK

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: Fore reported NH had 100 members, which is needed to have 2 councilors at the National level. The September 2006 Medical Emergency Conference was well attended. There will be an ACEP ski day on February 13th at Mount Sunapee. Contact Joy Potter for details.

Fore also thanked all for his appointment to represent ACEP. He noted he would have big shoes to fill with Sabato's leaving. ACEP has designated a member to take over the incubation project and respond to errors concerning NH in the "National Report Card".

Coordinating Board: Achilles, Chairman, and Martin, Vice Chairman, of the Coordinating Board were both present today. Achilles stated that either or both would be making an effort to attend the MCB meetings.

The current projects included looking at an "Accidental Exposure/Blood Draw" issues. This will require a lot of leg work and will take some time.

Pediatric education currently being researched to determine the amount of advance pediatric continuing education is being received by paramedics. Houston will be sending out a survey (copy circulated during discussion) to paramedics to ask if they receiving pediatric continuing education and if so, how.

Paramedic Staffing Survey Report: A survey went out to NH paramedics and Units to get a feel if there was or was not a shortage of paramedics. They found no big surprises, most paramedics are working, wanted more volume, more pay, more benefits, most paramedics gravitated toward fulltime and municipal services for increased pay and benefits.

Interestingly, there was some conflict in the number of paramedics licensing versus those testing. Unfortunately, the survey was not able to fulfill one of its primary purposes – to determine whether there is truly a paramedic shortage in NH.

Institute of Medicine report will be reviewed with respect to EMS.

Seatbelt collision has another push and will be supported.

Bureau and Division Update: See attached report.

Prentiss also advised all that EMT student, Jenny Ann Harman, was killed in a motor vehicle crash on the last day of her class. National Registry has been contacted and she will be receiving an National Registry honorary Registration.

Intersections Project: No report.

NH Trauma System: Sutton not present. Prentiss reported that the November Trauma Conference was well attended and a great success.

Sim Man: Clay continues with his training on Sim Man and we anticipate it going out to hospitals for simulated trainings within a few months.

Air-medical Utilization Study: NH is within the national standards for over-triaging. Over-triage will continue to be practiced. The group is now beginning under-triage data collection. While speaking of air-medical, it was brought to the attention of the MCB that there were still pockets of areas throughout the state where providers were still under the impression that Medical Control is necessary before EMS can call for a helicopter. Blanchard to address during protocol rollouts.

TEMSIS: High points addressed in Prentiss's Bureau Report.

Quality Management: von Recklinghausen reported that a QM group has met twice and identified 3 main elements to be flushed out, Operations, Customer Service and Clinical. The committee will be meeting again next week to build a framework for the elements.

There was discussion regarding industry standards and what works or does not work. Specifically, centennial events.

It was suggested that system improvement be emphasized and rather than targeting individual providers.

Other Business: Achilles reported that Seacoast Sen. D'Allesandro is sponsoring a "Public Safety Death Benefit" bill. It is not known if EMS is also included in the draft language.

There were questions as to whether or not private EMS and/or volunteer EMS could be included. Mason will get a copy of the language to McVicar to be circulated to the Board.

Fore moved and Lanzetta 2nd that the Medical Control Board support the bill if EMS is included.

Vote: Passed unanimously.

V. ADJOURNMENT

Motion by Fore, seconded by Albertson to adjourn. Approved. Meeting adjourned at 12:00

VI. NEXT MEETING

March 15, 2007 at the NH Fire Academy, Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard, ALS Coordinator)